Echocardiogram Clinic Registration Form

Appointments:

It is recommended to have an assistant available to take your dog to the scheduled appointment if you are unable to do so yourself due to any unexpected conflicts. Keep in mind that the assistant you choose will be privy to confidential information during your dog's exam. Any person with a large breed dog in the clinic MUST bring an assistant to the dog's appointment to assist in getting the dog on and off the cardiac table.

Registration:

There will be a charge of \$45.00 for all NSF cheques. There are no cancellations or refunds unless the clinic is cancelled. There will be no refunds given for missed appointments. Any overpayment will be considered a donation.

Please print clearly or type out the form below. Complete one registration form per dog and send with payment using one of the methods listed on previous page.

Is this dog entered in the dog show?	Yes No (mandato	ory - please check one)	
Select all that apply: All Breed	Specialty Ob	edience Rally Obedience	
Class or Classes Entered?			
Registered Name of Dog:			
Registration Number (circle one: AKC	CKC Other):		
Date of Birth (D/M/Y):	Sex:	Breed of Dog:	
Owner(s):			
Address:			
City:	_ Province/State	: Postal/Zip	Code:
Home Phone:	Other Phone (circle one: work or cell):		
Email Address:			
Please indicate which day(s) and time using 1 & 2):	(s) your dog will be av	ailable for an appointment (give us	s your top two choices by
Friday, April 5, 2019 Saturday, April 6, 2019 Sunday, April 7, 2019		afternoon afternoon	
Appointments will be scheduled once the email address you provided above at	• 0 0	chedule is out. Your appointment da	ate and time will be sent to
Office Use Only:			
Appointment Date:	,	Appointment Time:	am/pm (circle one)
Gift Certificate(s) Redeemed: N/Y (circle one)		Total Amount of Gift Certificate(s) Redeemed: \$	